

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. **150**Registered No. **6250**

## 1. PLACE OF BIRTH

County GrahamState ArizonaDistrict or Township Pafford

or Village

City Pima

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Billie J. Bryce

If child is not yet named, make supplemental report, as directed.

## 3. Sex of Child

To be answered ONLY

## 4. Twin, triplet or other

## 6. Legitimate

## 7. Date

Male

in event of plural births.

yesyes

of birth

Sept 18 1931

## 8.

## FATHER

Full name Heber Brook Bryce

## 9. Residence

(Usual place of abode)

Pima

If non-resident, give place and state.

Arizona

## 10. Color or race

White11. Age at last birthday 29 (Years)

## 12. Birthplace (city or place)

(State or country)

Bryce  
Arizona

## 13. Occupation

Farmer

Nature of Industry

## 14.

## MOTHER

Full maiden name Norma Follett

## 15. Residence

(Usual place of abode)

Pima

If non-resident, give place and state.

Arizona

## 16. Color or race

White17. Age at last birthday 29 (Years)

## 18. Birthplace (city or place)

(State or country)

Pima  
Arizona

## 19. Occupation

Nature of Industry

Wife20. Number of children of this mother 4

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3(b) Born alive but now dead 1

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a m. on the date above stated.

(Born alive or stillborn)

Signature O. W. BrandonPhysician

(Physician or midwife.)

Address Pima Arizona

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplement report.

Month, day, year

Filed 10/8/31

Registrar.

Registrar.

225-918-563

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.